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Bib Data Sheet

CONFIRMATION NO. 4830

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|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>09/682,280 | <b>FILING OR 371(c)<br/>DATE</b><br>08/13/2001<br><b>RULE</b> | <b>CLASS</b><br>709 | <b>GROUP ART UNIT</b><br>2155 | <b>ATTORNEY<br/>DOCKET NO.</b><br>30GF9094 |
|------------------------------------|---|---------------------|-------------------------------|--|

**APPLICANTS**

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\*\* CONTINUING DATA \*\*\*\*\* N/A *Thn*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* N/A *Thn*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 08/17/2001

|  |   |                                   |                                |                               |                                    |
|--|---|-----------------------------------|--------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature <i>Thn</i> Initials | <b>STATE OR<br/>COUNTRY</b><br>VA | <b>SHEETS<br/>DRAWING</b><br>4 | <b>TOTAL<br/>CLAIMS</b><br>12 | <b>INDEPENDENT<br/>CLAIMS</b><br>3 |
|--|---|-----------------------------------|--------------------------------|-------------------------------|------------------------------------|

**ADDRESS**

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**TITLE**

Service-portal enabled automation control module (ACM)

|                                       |   |   |
|---------------------------------------|---|---|
| <b>FILING FEE<br/>RECEIVED</b><br>840 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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